

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

ISSUE DATE

APPLICANT

CLAMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	12	1				
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11						
12	1					
13	1					
14	1	1				
15	1					
16	1					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	16					
TOTAL CLAIMS	19	1	1	1	1	1

*	*	*
IND.	DEP.	IND.
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99		
100		
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS